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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ANMED HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
800 NORTH FANT STREET

City or town, state or country, and ZIP + 4
ANDERSON, SC 29621

D Employer identification number
57-0359174

E Telephone number
(864) 512-1000

G Gross receipts $ 539,687,799

F Name and address of principal officer
JOHN A MILLER JR
800 NORTH FANT STREET
ANDERSON, SC 29621

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ANMEDHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1906 | **M** State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATION OF A HEALTHCARE SYSTEM INCLUDING A WIDE RANGE OF MEDICAL SERVICES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,730
6	Total number of volunteers (estimate if necessary)	**6**	157
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,053,704
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,594,806

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,092,721	1,585,627
	9 Program service revenue (Part VIII, line 2g)	473,757,483	514,402,066
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,634,581	9,048,533
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,717,334	10,970,854
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	494,202,119	536,007,080
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	314,929	353,726
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	194,043,732	210,028,843
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	290,082,894	302,014,629
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	484,441,555	512,397,198
	19 Revenue less expenses Subtract line 18 from line 12	9,760,564	23,609,882

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	645,626,066	707,392,100
	21 Total liabilities (Part X, line 26)	384,738,175	390,603,753
	22 Net assets or fund balances Subtract line 21 from line 20	260,887,891	316,788,347

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2013-07-30
Signature of officer — Date

JERRY A PARRISH CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ AMY BIBBY | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00445891

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DIXON HUGHES GOODMAN LLP
500 RIDGEFIELD COURT
ASHEVILLE, NC 28806

EIN ▶ 56-0747981

Phone no ▶ (828) 254-2254

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF ANMED HEALTH IS TO PASSIONATELY BLEND THE ART OF CARING WITH THE SCIENCE OF MEDICINE TO OPTIMIZE THE HEALTH OF OUR PATIENTS, STAFF AND COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 479,730,453 including grants of $ 353,726) (Revenue $ 516,797,108)

ANMED HEALTH IS A HEALTHCARE SYSTEM PROVIDING A FULL RANGE OF ACUTE CARE SERVICES FOR MEDICAL, SURGICAL, PEDIATRIC, OBSTETRIC, PSYCHIATRIC, SUBSTANCE ABUSE AND REHABILITATION PATIENTS, AS WELL AS SPECIALIZED CARE IN ITS INTENSIVE CARE AND CORONARY CARE UNITS TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES TWO SEPARATELY LICENSED FACILITIES ARE OPERATED BY ANMED HEALTH (1) ANMED HEALTH MEDICAL CENTER IS A 461-BED FACILITY THAT OFFERS THE LATEST IN MEDICAL AND SURGICAL SERVICES A MEDICAL STAFF OF OVER 400 PHYSICIANS PROVIDES HIGH QUALITY CARE TO THE PATIENTS AT THE MEDICAL CENTER OPEN HEART SURGERY, VASCULAR SURGERY, GENERAL SURGERY, EMERGENCY/ TRAUMA MEDICINE, A NEUROLOGICAL/STROKE CENTER, THE LATEST IN DIAGNOSTIC MRI, CT AND LABORATORY MEDICINE ARE AVAILABLE (2) ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL IS A 72-BED ALL-PRIVATE ROOM FACILITY OFFERING INPATIENT CARE FOR LABOR/DELIVERY, WOMEN'S ELECTIVE SURGERY AND CHILDREN THIS HOSPITAL INCLUDES DEDICATED UNITS FOR LABOR/DELIVERY, MOTHER/BABY, WOMEN'S ELECTIVE SURGERY AND PEDIATRICS ON THE FIRST FLOOR, PHYSICIANS' OFFICES, A LEARNING CENTER, CAFE, COMMUNITY MEETING ROOMS AND RETAIL SHOPS MAKE VISITORS FEEL WELCOME WITH A WEALTH OF RESOURCES ADDITIONALLY, ANMED HEALTH OFFERS OUTPATIENT SERVICES AT D K OGLESBY CENTER AT THE ANMED HEALTH NORTH CAMPUS AND HAS SEVERAL CLINICS LOCATED IN ANDERSON, IVA, CLEMSON, HONEA PATH, FAIRPLAY, PENDLETON, PIEDMONT, AND WILLIAMSTON, SOUTH CAROLINA, AND IN HARTWELL, GEORGIA THE SYSTEM PROVIDED 93,545 INPATIENT DAYS AND 4,958 NURSERY DAYS OF SERVICE FOR THE YEAR THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF UNCOMPENSATED CARE, INCLUDING CHARITY CARE, IT PROVIDES THE COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY $15,646,179

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 479,730,453

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	316		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,730			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JERRY A PARRISH
800 N FANT STREET
ANDERSON, SC 29621
(864) 512-1000

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JT BOSEMAN CHAIRMAN	1 00	X		X				0	0	0
(2) DR CHRIS PRZIREMBEL VICE CHAIRMAN	1 00	X		X				0	0	0
(3) ANN D HERBERT SECRETARY/TREASURER	1 00	X		X				0	0	0
(4) WILLIAM E KIBLER JR BOARD MEMBER	1 00	X						0	0	0
(5) CHARLES C THORTON JR BOARD MEMBER	1 00	X						0	0	0
(6) ROBERT RAINEY BOARD MEMBER	1 00	X						0	0	0
(7) JOHN M GEER JR BOARD MEMBER	1 00	X						0	0	0
(8) EVERETTE NEWMAN BOARD MEMBER	1 00	X						0	0	0
(9) DR JERRY POWELL BOARD MEMBER	1 00	X						0	0	0
(10) MARY ANNE D LAKE BOARD MEMBER	1 00	X						0	0	0
(11) DR MICHAEL KUNKEL BOARD MEMBER (SEE SCHED O)	1 00	X						16,850	0	0
(12) DR JOHN R HUNT BOARD MEMBER	1 00	X						0	0	0
(13) DR STEPHEN HAND BOARD MEMBER (SEE SCHED O)	1 00	X						465,301	0	30,984
(14) FRED L FOSTER BOARD MEMBER	1 00	X						0	0	0
(15) JANE W MUDD BOARD MEMBER	1 00	X						0	0	0
(16) JOHN A MILLER JR CEO	50 00	X		X				984,077	0	617,638
(17) WILLIAM T MANSON III PRESIDENT/COO	50 00			X				512,548	0	192,229

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JERRY A PARRISH CFO	50 00			X				436,060	0	85,831
(19) DR MICHAEL L TILLIRSON CHIEF MEDICAL OFFICER	50 00			X				406,430	0	85,919
(20) JAMES T DOUGLAS III VICE PRESIDENT	50 00				X			217,681	0	43,944
(21) TINA JURY CHIEF NURSING OFFICER	50 00				X			230,292	0	48,517
(22) JOHN D GLYMPH VICE PRESIDENT	50 00				X			205,697	0	31,070
(23) GARRICK CHIDESTER VICE PRESIDENT	50 00				X			315,141	0	69,332
(24) DR HENRY B HEARN PHYSICIAN	50 00					X		560,954	0	28,749
(25) DR MARK P LACY PHYSICIAN	50 00					X		475,407	0	28,152
(26) LOUIS F KNOEPP PHYSICIAN	50 00					X		708,387	0	28,749
(27) DR TIMOTHY L DUNIHO PHYSICIAN	50 00					X		480,792	0	26,169
(28) CORNELIUS M REING PHYSICIAN	50 00					X		526,145	0	27,669

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	6,541,762	0	1,344,952

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶186

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ANDERSON EMERGENCY ASSOCIATION 800 N FANT STREET ANDERSON, SC 29621	ER PHYSICIANS	9,326,627
GHS PARTNERS IN HEALTHCARE 701 GROVE RD GREENVILLE, SC 29605	MEDICAL SERVICES	1,628,516
ADVANCED ICU CARE 999 EXECUTIVE PARKWAY STE 210 ST LOUIS, MO 63141	INTENSIVISTS	1,350,570
HOSPITAL MEDICINE CONSULTANTS 819 N FANT STREET ANDERSON, SC 29621	HOSPITALISTS	1,270,667
PIEDMONT PATHOLOGY 404 E CALHOUN ST ANDERSON, SC 29621	PATHOLOGISTS	1,057,410

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶35

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 152,698				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,432,929				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,585,627			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE	621400	512,843,846	508,801,868	4,041,978	
	b	ANCILLARY SERVICES	900099	1,189,426	1,155,162		34,264
	c	PLASMA RECOVERY	900099	368,794	368,794		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		514,402,066			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		7,494,887			7,494,887
	4	Income from investment of tax-exempt bond proceeds . . ▶		295			295
	5	Royalties . . . . . ▶					
		(i) Real / (ii) Personal					
	6a	Gross rents 2,632,207					
	b	Less rental expenses 3,583,290					
	c	Rental income or (loss) -951,083					
	d	Net rental income or (loss) . . . . . ▶		-951,083			-951,083
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory 1,650,780					
	b	Less cost or other basis and sales expenses 0 / 97,429					
	c	Gain or (loss) 1,650,780 / -97,429					
	d	Net gain or (loss) . . . . . ▶		1,553,351			1,553,351
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MEANINGFUL USE-MEDICAR	900099	6,154,500	6,154,500		
	b	MISCELLANEOUS REVENUE	900099	3,139,962		11,726	3,128,236
	c	CAFETERIA & VENDING	722210	2,310,691			2,310,691
	d	All other revenue		316,784	316,784		
	e	**Total.** Add lines 11a–11d . . . . . ▶		11,921,937			
	12	**Total revenue.** See Instructions . . . ▶		536,007,080	516,797,108	4,053,704	13,570,641

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	335,726	335,726		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	18,000	18,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,403,763	6,723,011	1,680,752	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	122,153	122,153		
7	Other salaries and wages	156,213,885	136,198,767	20,015,118	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,895,747	6,837,960	1,057,787	
9	Other employee benefits	25,472,811	22,060,240	3,412,571	
10	Payroll taxes	11,920,484	10,323,507	1,596,977	
11	Fees for services (non-employees)				
a	Management				
b	Legal	552,750		552,750	
c	Accounting	272,250		272,250	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	1,842,258	658,702	1,183,556	
g	Other	54,492,042	54,415,255	76,787	
12	Advertising and promotion	927,990	103,725	824,265	
13	Office expenses	8,275,849	7,993,174	282,675	
14	Information technology				
15	Royalties . .				
16	Occupancy	6,797,111	6,116,153	680,958	
17	Travel	1,062,135	680,958	381,177	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,891,054	9,891,054		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,185,864	37,185,864		
23	Insurance	2,671,441	2,671,441		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	108,781,393	108,781,393		
b	MEDICAL SUPPLIES	67,006,642	66,870,556	136,086	
c	MISCELLANEOUS EXPENSES	2,142,287	1,629,251	513,036	
d	ENVIRONMENTAL CONTROL	113,563	113,563		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	512,397,198	479,730,453	32,666,745	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		36,385,475	1	26,767,887
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		67,615,664	4	63,038,874
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,030,890	8	3,064,739
	9	Prepaid expenses and deferred charges		7,060,230	9	15,459,212
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 700,023,473			
	b	Less accumulated depreciation	10b 442,451,538	277,092,889	10c	257,571,935
	11	Investments—publicly traded securities		232,208,940	11	318,633,426
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,220,154	13	2,318,787
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		20,011,824	15	20,537,240
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		645,626,066	16	707,392,100
Liabilities	17	Accounts payable and accrued expenses		43,130,648	17	47,861,802
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		258,105,897	20	252,768,839
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		83,501,630	25	89,973,112
	26	**Total liabilities.** Add lines 17 through 25		384,738,175	26	390,603,753
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		258,677,995	27	314,323,814
	28	Temporarily restricted net assets		2,209,896	28	2,464,533
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		260,887,891	33	316,788,347
	34	Total liabilities and net assets/fund balances		645,626,066	34	707,392,100

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	536,007,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	512,397,198
3	Revenue less expenses Subtract line 2 from line 1	3	23,609,882
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	260,887,891
5	Other changes in net assets or fund balances (explain in Schedule O)	5	32,290,574
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	316,788,347

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
ANMED HEALTH	57-0359174

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		17,099
j	Total lines 1c through 1i			17,099
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA) EACH YEAR, A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCATED TOWARDS LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES FOR FY 2012, AMOUNTS OF MEMBERSHIP DUES ALLOCATED TO THESE EXPENDITURES WERE APPROXIMATELY $ 6,500 FOR AHA AND $ 10,600 FOR SCHA

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,185,555		19,185,555
b Buildings		288,945,896	150,657,131	138,288,765
c Leasehold improvements		3,980,867	3,974,801	6,066
d Equipment		382,280,604	287,819,606	94,460,998
e Other		5,630,551		5,630,551
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				257,571,935

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION LIABILITY	70,454,350
ESTIMATED THIRD-PARTY SETTLEMENTS	7,356,648
RABBI TRUST LIABILITY	271,029
INTEREST RATE SWAP ALLOWANCE	11,891,085
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	89,973,112

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	536,007,080
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	512,397,198
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,609,882
4	Net unrealized gains (losses) on investments	4	29,917,189
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,373,385
9	Total adjustments (net) Add lines 4 - 8	9	32,290,574
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	55,900,456

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	461,580,269
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	29,917,189		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-106,743,734		
e	Add lines **2a** through **2d**			2e	-76,826,545
3	Subtract line **2e** from line **1**			3	538,406,814
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,183,556		
b	Other (Describe in Part XIV)	4b	-3,583,290		
c	Add lines **4a** and **4b**			4c	-2,399,734
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	536,007,080

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	405,679,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	3,583,290		
e	Add lines **2a** through **2d**			2e	3,583,290
3	Subtract line **2e** from line **1**			3	402,096,523
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,183,556		
b	Other (Describe in Part XIV)	4b	109,117,119		
c	Add lines **4a** and **4b**			4c	110,300,675
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	512,397,198

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL SYSTEM IS EXEMPT FROM INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL OR STATE INCOME TAXES THE MEDICAL CENTER HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2012 FISCAL YEARS ENDING ON OR AFTER SEPTEMBER 30, 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT -1,126,615 TRANSFERS FROM AFFILIATE 3,500,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 2,373,385
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT -1,126,615 PROVISION FOR BAD DEBT - 108,781,393 EQUITY TRANSFER FROM AFFILIATE 3,500,000 CASH GRANTS NET WITH REVENUES -335,726
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -3,583,290
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 3,583,290
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CASH GRANTS NET WITH REVENUES 335,726 PROVISION FOR BAD DEBT 108,781,393
		SCHEDULE D, PART XI ALLTHOUGH THE ORGANIZATION DID NOT RECEIVE AN AUDITED FINANCIAL STATEMENT FOR THE 2011 TAX YEAR, THE ORGANIZATION IS RECONCILING TO AN INTERNALLY PREPARED FINANCIAL STATEMENT PREPARED ON THE GAAP BASIS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		16,499,975
3a Sub-total	0	0			16,499,975
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			16,499,975

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
		THE ORGANIZATION'S OWNERSHIP IN A FOREIGN CORPORATION WAS UNDER THE THRESHOLDS FOR FILING THE FORM 5471 FOR THE TAX YEAR

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			15,754,666		15,754,666	3 890 %
b Medicaid (from Worksheet 3, column a)			63,399,734	83,059,572	-19,659,838	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			79,154,400	83,059,572	-3,905,172	3 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			373,338		373,338	0 090 %
f Health professions education (from Worksheet 5)			8,956,511	2,216,195	6,740,316	1 670 %
g Subsidized health services (from Worksheet 6)			5,813,927	3,458,062	2,355,865	0 580 %
h Research (from Worksheet 7)			293,847	115,606	178,241	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			526,607		526,607	0 130 %
j **Total** Other Benefits			15,964,230	5,789,863	10,174,367	2 510 %
k **Total.** Add lines 7d and 7j			95,118,630	88,849,435	6,269,195	6 400 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			8,986		8,986	0 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			35,778		35,778	0 010 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			44,764		44,764	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense	2	88,063,522		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	102,221,905
6	Enter Medicare allowable costs of care relating to payments on line 5	6	103,380,394
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,158,489
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	ANMED HEALTH MEDICAL CENTER 800 N FANT STREET ANDERSON, SC 29621	X	X		X			X		DISPROPORTIONATE SHARE HOSPITAL
2	ANMED HEALTH WOMEN'S & CHILDREN'S HOSPIT 2000 EAST GREENVILLE STREET ANDERSON, SC 29621	X	X	X	X					DISPROPORTIONATE SHARE HOSPITAL

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ANMED HEALTH MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ANMED HEALTH WOMEN & CHILDREN'S HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **30**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C PROMPT PAYMENT DISCOUNT OF 25% IS AVAILABLE TO ALL UNINSURED PATIENTS FOR A PERIOD OF 30 DAYS THE DISCOUNT INCREASES BASED ON THE DOLLAR VALUE OF THE BILL

Identifier	ReturnReference	Explanation
		PART I, LINE 6A SOUTH CAROLINA DOES NOT REQUIRE HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT EACH YEAR FOR THE PAST FOUR YEARS, ANMED HEALTH HAS PARTICIPATED IN THE SC HOSPITAL ASSOCIATION'S (SCHA) COMMUNITY BENEFIT SURVEY PROCESS SCHA CONTRACTS WITH THE MICHIGAN HOSPITAL ASSOCIATION FOR USE OF THE COMMUNITY BENEFIT TRACKER SOFTWARE IN EACH PARTICIPATION YEAR, ANMED HEALTH HAS REPORTED ITS COMMUNITY BENEFIT INFORMATION TO SCHA, USING THE TRACKER SURVEY INSTRUMENT

Identifier	ReturnReference	Explanation
		PART I, LINE 7 WORKSHEET 2 FROM THE 2011 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGE RATIO USED TO CALCULATE COMMUNITY BENEFIT EXPENSE AT COST FOR USE IN PART I, LINE 7

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES INCLUDES TWO OUTPATIENT CLINICS AND A PSYCHIATRIC INPATIENT CLINIC OPERATED BY THE ORGANIZATION ONE OF THE OUTPATIENT CLINICS IS OPERATED IN A LOW-INCOME NEIGHBORHOOD AND THE OTHER IS A PEDIATRIC CLINIC EACH CLINIC RUNS AT A FINANCIAL LOSS BUT IS NECESSARY FOR THE BENEFIT OF THE COMMUNITIES SERVED

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF TOTAL EXPENSE ON FORM 990, PART IX, LINE 25 CONTAINS BAD DEBT EXPENSE OF $108,781,393 THAT WAS REMOVED FROM THE CALCULATION OF CHARITY CARE ON PART I, LINE 7 THE CALCULATION ALSO INCLUDES AN ADJUSTMENT FOR THE ORGANIZATION'S SHARE OF EXPENSES FROM JOINT VENTURES OF $1,205,796

Identifier	ReturnReference	Explanation
		PART II LINE 2 ECONOMIC DEVELOPMENT INCLUDED HERE ARE 256 TOTAL VOLUNTEER HOURS REPORTED BY 5 DIFFERENT ANMED HEALTH LEADERS IN SERVICE TO ORGANIZATIONS THAT SUPPORT THE ECONOMIC DEVELOPMENT OF ANDERSON COUNTY AND THE UPSTATE SC REGION ANMED HEALTH'S CEO, MR JOHN MILLER, AND ITS PRESIDENT/COO, MR BILL MANSON, SET AN EXAMPLE FOR COMMUNITY LEADERSHIP IN THIS ARENA, THROUGH KEY ROLES SERVING BOARDS OF TRUSTEES AND KEY COMMITTEES FOR ECONOMIC DEVELOPMENT ORGANIZATIONS SUCH AS THE ANDERSON AREA CHAMBER OF COMMERCE, UPSTATE SC ALLIANCE, AND TEN AT THE TOP OTHER ANMED HEALTH LEADERS SERVE ON THE ANDERSON AREA CHAMBER'S PUBLIC POLICY COMMITTEE, AND LEADERSHIP ANDERSON COMMITTEES THE COMMUNITY BENEFIT EXPENSE WAS CALCULATED BASED ON 256 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY PLUS BENEFIT RATE OF $35 10 PER HOUR PART II, LINE 6 COALITION BUILDING INCLUDED HERE ARE 729 VOLUNTEER HOURS REPORTED BY 18 DIFFERENT ANMED HEALTH EMPLOYEES VOLUNTEERING WITH ANDERSON-AREA ORGANIZATIONS SUCH AS THE UNITED WAY, LOCAL COMMUNITY COLLEGES AND UNIVERSITIES, CIVIC ORGANIZATIONS, IMAGINE ANDERSON, AND ANDERSON COMMUNITY COALITION THE COMMUNITY BENEFIT EXPENSE WAS CALCULATED BASED ON 729 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY PLUS BENEFIT RATE OF $35 10 PER HOUR ALSO INCLUDED IN THIS SECTION IS THE FAIR MARKET VALUE OF THE LEASE OF LAND ADJACENT TO ANMED HEALTH'S NORTH CAMPUS, PROVIDED TO THE CITY OF ANDERSON, FOR THE OPERATION OF A CITY FIRE SUBSTATION ANMED HEALTH SEEKS TO WORK WITH THESE ORGANIZATIONS IN ORDER TO ENCOURAGE COMMUNITY INVOLVEMENT, TO INCREASE SOCIAL CAPITAL, TO HIGHLIGHT THE NEEDS OF THE COMMUNITY, AND TO WORK WITH OTHER LOCAL ORGANIZATIONS TO MEET THESE NEEDS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE A FOOTNOTE THAT DESCRIBES THE PROVISION FOR BAD DEBT AS AMOUNTS BILLED OR BILLABLE WHERE THE ULTIMATE COLLECTION OF THESE AMOUNTS CANNOT BE DETERMINED AT THE TIME PATIENT SERVICES ARE RENDERED THE ORGANIZATION CONDUCTS A DETAILED ACCOUNT ANALYSIS THAT MEASURES THE LEVEL OF UNCOLLECTED ACCOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE A RECLASSIFICATION IS MADE TO MOVE THE PORTION OF BAD DEBT WHICH QUALIFIES AS FINANCIAL ASSISTANCE TO COMMUNITY BENEFIT EXPENSE ON SCHEDULE H, PART I, LINE 7, COLUMN(C) THE ORGANIZATION HAS TAKEN MEASURES TO CEASE COLLECTIONS ON ACCOUNTS RECLASSIFIED UNDER THIS ANALYSIS BAD DEBT REPORTED ON PART III, LINE 2 IS PRESENTED PER FINANCIAL STATEMENT AMOUNTS ADJUSTED TO ACCOUNT FOR THE RECLASSIFICATION OF FINANCIAL ASSISTANCE TAKEN UNDER THE METHOD DISCUSSED ABOVE BAD DEBT PER FINANCIAL STATEMENTS $ 108,781,393 RECLASS TO CHARITY CARE -20,717,871 BAD DEBT TO PART III, LINE 2 $ 88,063,522

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE MEDICARE COST REPORT WAS USED TO COMPUTE MEDICARE ALLOWBLE COSTS OF CARE RELATING TO MEDICARE PAYMENTS ADDITIONAL ACTIVITIES FROM MEDICARE MANAGED CARE AND PHYSICIAN PRACTICES NOT REPORTED IN THE MEDICARE COST REPORT TOTAL REVENUE RECIEVED FROM OTHER MEDICARE PROGRAMS $ 49,984,568 COSTS OF CARE RELATED TO THE PAYMENTS ABOVE 103,668,105 SHORTFALL OF OTHER MEDICARE SERVICES (53,683,537) ANMED HEALTH TREATS MEDICARE PATIENTS AT A LOSS AND BELIEVES ALL OF THIS SHOULD BE COUNTED AS A COMMUNITY BENEFIT ANMED HEALTH TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY WITHOUT THE MEDICARE PROGRAM, A PERCENTAGE OF THE POPULATION RECEIVING MEDICARE WOULD QUALIFY FOR OUR CHARITY PROGRAM AND SOME WOULD FAIL TO PAY AND BE WRITTEN OFF AS BAD DEBT EXPENSE ALTERNATIVELY, SOME WOULD HAVE COMMERCIAL INSURANCE AND WE WOULD RECEIVE MORE THAN WE DO FROM MEDICARE BECAUSE OF THESE FACTORS, THE ORGANIZATION TAKES THE POSITION THAT THE ENTIRETY OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B ONCE APPROVED FOR THE FINANCIAL ASSISTANCE POLICY, NO ADDITIONAL COLLECTION EFFORTS ARE MADE OR BILLS SENT BY THE ORGANIZATION, AND THE HOSPITAL SYSTEM WOULD ONLY EXPECT PAYMENT IF THE PATIENT RECEIVED MONEY FROM AN INSURANCE CLAIM

Identifier	ReturnReference	Explanation
ANMED HEALTH MEDICAL CENTER		PART V, SECTION B, LINE 10 PROMPT PAYMENT DISCOUNT OF 25% IS AVAILABLE TO ALL UNISURED PATIENTS FOR A PERIOD OF 30 DAYS THE DISCOUNT INCREASES BASED ON THE DOLLAR VALUE OF THE BILL

Identifier	ReturnReference	Explanation
ANMED HEALTH MEDICAL CENTER		PART V, SECTION B, LINE 13G FINANCIAL COUNSELORS MAKE THIS AVAILABLE WHEN INTERVIEWING INPATIENT UNINSURED PATIENTS THE POLICY IS AVAILABLE IN SPANISH

Identifier	ReturnReference	Explanation
ANMED HEALTH WOMEN & CHILDREN'S HOSPITAL		PART V, SECTION B, LINE 13G FINANCIAL COUNSELORS MAKE THIS AVAILABLE WHEN INTERVIEWING INPATIENT UNINSURED PATIENTS THE POLICY IS AVAILABLE IN SPANISH

Identifier	ReturnReference	Explanation
ANMED HEALTH MEDICAL CENTER		PART V, SECTION B, LINE 19D THE ORGANIZATION DOES NOT CHARGE PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, AND ADJUSTS 100% OF THE BILLED CHARGES

Identifier	ReturnReference	Explanation
ANMED HEALTH WOMEN & CHILDREN'S HOSPITAL		PART V, SECTION B, LINE 19D THE ORGANIZATION DOES NOT CHARGE PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, AND ADJUSTS 100% OF THE BILLED CHARGES

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 IN THE SPRING OF 2012, ANMED HEALTH BEGAN A FORMAL PROCESS OF ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES USING THE GUIDELINES PUBLISHED IN THE INITIAL IRS GUIDELINE, ANMED HEALTH ENGAGED A CONSULTANT TO ASSIST IN THIS ASSESSMENT THIS PROCESS CULMINATED WITH THE DEVELOPMENT OF AN ANMED HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT DOCUMENT, WHICH WAS ULTIMATELY ADOPTED AND APPROVED BY ANMED HEALTH BOARD OF TRUSTEES BY THE END OF 2012 THERE WERE SIX PRIORITIES THAT WERE SELECTED FOR STRATEGY DEVELOPMENT AND ACTION PLANS FOR 2013 OBESITY, ACCESS TO PRIMARY HEALTH CARE, ACCESS TO BEHAVIORAL AND MENTAL HEALTH SERVICES, CANCER, ASTHMA IN CHILDREN, AND, ACCIDENT PREVENTION FOR CHILDREN

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ALL INPATIENTS ARE VISITED BY A FINANCIAL COUNSELOR DURING HIS OR HER STAY THE FINANCIAL COUNSELOR WORKS TO TRY AND QUALIFY THE PATIENT FOR OUTSIDE ASSISTANCE (MEDICAID, VICTIMS ASSISTANCE, ETC) AND COMPLETES AN AMAP FORM AT THAT TIME IN THE EVENT THEY DO NOT QUALIFY FOR ANY OTHER ASSISTANCE AND ARE ELIGIBLE FOR OUR CHARITY PROGRAM WHEN A PATIENT RECEIVES A BILL OUR WEBSITE, WHICH HAS THE FINANCIAL ASSISTANCE POLICY IS LISTED AS WELL AS A PHONE NUMBER PATIENTS CAN CALL TO REQUEST ASSISTANCE

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 ANMED HEALTH'S SERVICE AREA INCLUDES ANDERSON COUNTY, OCONEE COUNTY, PICKENS COUNTY, AND ABBEVILLE COUNTY IN SOUTH CAROLINA, AS WELL AS HART AND ELBERT COUNTIES IN NORTHEAST GEORGIA ANDERSON COUNTY, THE PRIMARY COMMUNITY SERVED BY ANMED HEALTH IS AN URBAN COMMUNITY THAT ENCOMPASSES APPROXIMATELY 189,685 RESIDENTS THE POPULATION OF ANDERSON COUNTY IS EXPECTED TO GROW AT JUST OVER 1% PER YEAR THE MEDIAN HOUSEHOLD INCOME IN THE COUNTY WAS $40,703 THE PER CAPITA INCOME FOR THE COUNTY WAS $21,591 WITH APPROXIMATELY 15 7% OF COMMUNITY RESIDENTS HAVING INCOMES BELOW THE FEDERAL POVERTY GUIDELINE THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES DESIGNATED SIX MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY FROM THE SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION, REGARDING MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY, THE AREAS ARE AS FOLLOWS IN THE ASSOCIATED CENSUS TRACTS ANDERSON COUNTY 03093 - CT 0005 00, CT 0006 00, CT 0007 00 AND BELTON DIVISION SERVICE AREA 03099 - MCD (90221) BELTON CCD, MCD (91170 FORK CCD, MCD (93224) STARR CCD OVER 8 6% IS UNEMPLOYED AND APPROXIMATELY 75% OF ANDERSON COUNTY RESIDENTS WHO ARE UNINSURED OR MEDICAID RECIPIENTS COME TO ANMED HEALTH FOR THEIR INPATIENT MEDICAL CARE ANMED HEALTH MAINTAINS OVER 75% MARKET SHARE FOR ANDERSON COUNTY WITH TWO OTHER HOSPITALS CONSISTING OF SLIGHTLY OVER 19% MARKET SHARE

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF ANMED HEALTH EXTENDS MEDICAL STAFF PRIVILEDGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR MANY OF ITS DEPARTMENTS SURPLUS FUNDS ARE SPENT TO IMPROVE THE CARE WE PROVIDE OUR PATIENTS THIS IS DONE THROUGH UPDATES TO OUR EQUIPMENT AND BUILDINGS, INVESTING IN NEW TECHNOLOGY, SUPPORTING OUR FAMILY MEDICINE RESIDENCY PROGRAM, ONCOLOGY RESEARCH, AND PROVIDING COMMUNITY BENEFITS ANMED HEALTH PROVIDES, SUPPORTS, PROMOTES, AND / OR SPONSORS A BROAD SCOPE OF COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT PROMOTE GOOD HEALTH, WELLNESS / PREVENTION, AND ACCESS TO HEALTH CARE SERVICES EXAMPLES OF COMMUNITY HEALTH EDUCATION PROGRAMS INCLUDE - CANCER SURVIVORS' DAY, CELEBRATING THE LIVES OF THOSE WHO HAVE SURVIVED A CANCER DIAGNOSIS, AND WHO HAVE EMBRACED HEALTHY LIFESTYLES FOR THE FUTURE - MULTIPLE COMMUNITY EDUCATION PROGRAMS FOCUSED ON CHRONIC DISEASES SUCH AS DIABETES AND CONGESTIVE HEART FAILURE, WITH AN EMPHASIS ON MANAGEMENT OF THESE DISEASES IN THE OUTPATIENT SETTING - SPEAKERS FOR COMMUNITY EDUCATION ABOUT PROPER NUTRITION AND WEIGHT LOSS - SAFE KIDS PROGRAMS TO TEACH BIKE AND WATERSPORTS SAFETY, FIRE SAFETY, AND PROPER CAR SEAT USE - A TEDDY BEAR CLINIC TO TEACH CHILDREN ABOUT SERVICES PROVIDED BY DOCTORS AND HOSPITALS - MULTIPLE HEALTH FAIRS THAT SERVED ALMOST 4100 PERSONS - COMMUNITY SUPPORT GROUPS FOR CARDIAC DISEASE, DIABETES, STROKE, ASTHMAS, AND WEIGHT-LOSS DURING THE YEAR, OVER 14,500 PERSONS WERE SERVED AT ALMOST 250 COMMUNITY HEALTH EDUCATION EVENTS AN EXAMPLE OF COMMUNITY-BASED CLINICAL SERVICES PROVIDED AT NO CHARGE DURING THE YEAR IS THAT APPROXIMATELY 5000 PERSONS WERE SCREENED FOR SYMPTOMS SUCH AS CHRONIC ELEVATED BLOOD PRESSURE, CHOLESTEROL, BLOOD SUGAR, AND FOR PROSTATE DISEASE, USING A MOBILE VAN AND OTHER COMMUNITY SCREENINGS ALSO, REDUCED-FEE CLINICS WERE PROVIDED IN FAMILY MEDICINE AND IN PEDIATRICS, AS WELL AS PEDIATRIC REHABILITATION THERAPIES OTHER HEALTH CARE SUPPORT SERVICES PROVIDED DURING THE YEAR INCLUDE FREE GENETICS COUNSELING RELATED TO CANCER RISKS, MENTAL HEALTH AND SUBSTANCE ABUSE CRISIS INTERVENTION PHONE RESPONSE, FAMILY SUPPORT SERVICES TO ASSIST WITH MEDICAID ENROLLMENT, MEDICATION ASSISTANCE PROGRAMS, AND A NURSEWISE REFERRAL LINE HEALTH PROFESSIONS EDUCATION PROGRAMS INCLUDES A FAMILY MEDICINE RESIDENCY PROGRAM, NURSING TRAINING AND MENTORING, A RADIOLOGY TECHNOLOGY PROGRAM, THERAPY INTERNSHIPS, AND PHARMACY STUDENT ROTATIONS AN ONCOLOGY RESEARCH PROGRAM WORKS WITH PHYSICIANS AND PATIENTS TO IDENTIFY AVAILABLE STUDIES AND TRIALS OF INVESTIGATIONAL MEDICATIONS AND REGIMENS FOR CANCER TREATMENT FINALLY, ANMED HEALTH SUPPORTS MANY OTHER NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THROUGH CASH AND IN-KIND DONATIONS THESE ORGANIZATIONS SHARE A SIMILAR VISION OF A HEALTHY COMMUNITY, AND INCLUDE THE ANDERSON FREE CLINIC, UNITED WAY, ANDERSON CANCER ASSOCIATION, ANDERSON YMCA, AND MANY OTHERS ANMED HEALTH'S LEADERS ARE INVOLVED IN VOLUNTEER ACTIVITIES IN THE CHAMBER OF COMMERCE, CIVIC ORGANIZATIONS, AND OTHER LOCAL, REGIONAL, AND STATEWIDE ORGANIZATIONS DURING THE YEAR, ANMED HEALTH'S LEADERS AND STAFF DOCUMENTED OVER 235 VOLUNTEER HOURS TO HEALTH-RELATED COMMUNITY ORGANIZATIONS AND EVENTS, AND ANOTHER 985 VOLUNTEER HOURS FOR COMMUNITY-BUILDING ORGANIZATIONS AND EVENTS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 ANMED HEALTH HAS AN AFFILIATION AND SERVICES AGREEMENT WITH THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CHS AS THE MANAGER OF THE HOSPITAL SYSTEM SEE FORM 990, PART VI, LINE 3 FOR MORE DETAILS ANMED HEALTH ALSO HAS AN AFFILIATION AND SERVICES AGREEMENT WITH CANNON MEMORIAL HOSPITAL THE AGREEMENT APPOINTS ANMED HEALTH AS THE MANAGER OF CANNON MEMORIAL HOSPITAL THERE IS NO TRANSFER OF GOVERNANCE OR OWNERSHIP BETWEEN CHS AND ANMED HEALTH, NOR BETWEEN CANNON MEMORIAL HOSPITAL AND ANMED HEALTH

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	SC

Additional Data

Software ID:
Software Version:
EIN: 57-0359174
Name: ANMED HEALTH

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **30** Name and address	Type of Facility (Describe)
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
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CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **30** Name and address	Type of Facility (Describe)
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANDERSON FREE CLINICPO BOX 728 ANDERSON,SC 29622	57-0787584	501(C)(3)	20,000				OPERATIONAL SUPPORT
(2) YOUNG MEN'S CHRISTIAN ASSOCIATION OF ANDERSON SC201 E REED ROAD ANDERSON,SC 29621	57-0314465	501(C)(3)	5,000				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	7	18,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
FOOTHILLS COMMUNITY GRANT		IN PAST YEARS, ANMED HEALTH HAS CONTRIBUTED A TOTAL OF APPROXIMATELY $4 5 MILLION TO FOOTHILLS COMMUNITY FOUNDATION, A 501(C)(3) ORGANIZATION THESE CONTRIBUTIONS WERE RESTRICTED AT THE TIME, AND EACH YEAR A PORTION OF THE CONTRIBUTION IS RELEASED BY FOOTHILLS FOR USE IN CHARITABLE PURPOSES FOR THE YEAR ENDED SEPTEMBER 30, 2012, $1,000 WAS RELEASED FROM THE RESTRICTED FUND THIS AMOUNT IS NOT A CURRENT YEAR ACCRUED EXPENDITURE AND IS NOT REPORTED IN THE AMOUNT ON FORM 990, PART X, LINE 1
		TRI COUNTY TECHNICAL COLLEGE SCHOLARSHIP RECIPIENTS MUST LIVE IN ANDERSON COUNTY, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 3 0 GPA, AND MUST BE WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP CLEMSON UNIVERSITY SCHOLARSHIP RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTIES, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 2 5 GPA, AND MUST BE WILING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP GREENVILLE TECHNICAL COLLEGE RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTY, MUST BE A NURSING MAJOR AND WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR STEPHEN HAND	(i)	345,451	118,368	1,482	9,800	21,184	496,285	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN A MILLER JR	(i)	828,214	107,714	48,149	477,918	139,720	1,601,715	196,964
	(ii)	0	0	0	0	0	0	0
(3) WILLIAM T MANSON III	(i)	422,576	52,650	37,322	144,252	47,977	704,777	50,311
	(ii)	0	0	0	0	0	0	0
(4) JERRY A PARRISH	(i)	359,844	47,084	29,132	58,447	27,384	521,891	38,468
	(ii)	0	0	0	0	0	0	0
(5) DR MICHAEL L TILLIRSON	(i)	353,933	42,323	10,174	49,445	36,474	492,349	42,037
	(ii)	0	0	0	0	0	0	0
(6) JAMES T DOUGLAS III	(i)	216,154	264	1,263	6,308	37,636	261,625	11,155
	(ii)	0	0	0	0	0	0	0
(7) TINA JURY	(i)	227,788	374	2,130	8,698	39,819	278,809	17,649
	(ii)	0	0	0	0	0	0	0
(8) JOHN D GLYMPH	(i)	205,388	42	267	7,922	23,148	236,767	11,970
	(ii)	0	0	0	0	0	0	0
(9) GARRICK CHIDESTER	(i)	263,033	33,314	18,794	44,672	24,660	384,473	31,181
	(ii)	0	0	0	0	0	0	0
(10) DR HENRY B HEARN	(i)	559,422	0	1,532	9,800	18,949	589,703	0
	(ii)	0	0	0	0	0	0	0
(11) DR MARK P LACY	(i)	474,375	0	1,032	9,800	18,352	503,559	0
	(ii)	0	0	0	0	0	0	0
(12) LOUIS F KNOEPP	(i)	517,722	190,305	360	9,800	18,949	737,136	0
	(ii)	0	0	0	0	0	0	0
(13) DR TIMOTHY L DUNIHO	(i)	478,240	0	2,552	7,350	18,819	506,961	0
	(ii)	0	0	0	0	0	0	0
(14) CORNELIUS M REING	(i)	524,411	0	1,734	7,350	20,319	553,814	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION ALLOCATIONS FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) JOHN A MILLER - $ 355,200 WILLIAM T MANSON - 76,782 THE PURPOSE OF THE SERP FOR JOHN A MILLER IS TO PROVIDE THE PARTICIPANT WITH ADDITIONAL RETIREMENT BENEFITS TO ENCOURAGE THE PARTICIPANT'S CONTINUED INTEREST IN THE COMPANY'S SUCCESS AND TO REINFORCE THE PARTICIPANT'S COMMITMENT NOT TO COMPETE WITH THE COMPANY FOLLOWING SEPARATION FROM SERVICE BEFORE THE PARTICIPANT'S NORMAL RETIREMENT DATE (PARTICIPANT'S 65TH BIRTHDAY) THE PLAN COMMENCED ON JANUARY 1, 1998 IF THE PARTICIPANT REMAINS EMPLOYED TO THE NORMAL RETIREMENT DATE, THE COMPANY SHALL PAY TO THE PARTICIPANT IN A LUMP SUM A SERP BENEFIT EQUAL TO THE ACTUARIAL PRESENT VALUE OF A LIFETIME ANNUITY PAYING ANNUAL BENEFITS (IN MONTHLY INSTALLMENTS) EQUAL TO 60% TIMES THE PARTICIPANT'S FINAL AVERAGE TOTAL COMPENSATION, WHICH IS THEN REDUCED BY SOCIAL SECURITY BENEFITS AND THE COMPANY'S QUALIFIED PLAN BENEFITS THE PURPOSE OF THE SERP FOR WILLIAM T MANSON IS TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO THE PARTICIPANT TO ENCOURAGE HIS CONTINUED INTEREST IN THE SUCCESS OF THE COMPANY, AND TO PROVIDE REASONABLE RETIREMENT BENEFITS THE PLAN COMMENCED ON MARCH 1, 2005 THE COMPANY SHALL CREDIT TO THE PARTICIPANT'S SERP ACCOUNT AN AMOUNT PROJECTED TO PROVIDE ANNUAL RETIREMENT BENEFITS EQUAL TO 50% OF THE PARTICIPANT'S FINAL FIVE-YEAR AVERAGE CASH COMPENSATION AT AGE 65 THE PROJECTION TAKES INTO ACCOUNT THAT THE TOTAL TARGETED RETIREMENT BENEFIT CONSISTS OF THE QUALIFIED DEFINED BENEFIT PENSION PLAN, 403(B) PLAN MATCHING CONTRIBUTIONS EARNED THEREON, 50% OF THE PROJECTED SOCIAL SECURITY PRIMARY RETIREMENT BENEFITS, AND BENEFITS UNDER THIS PLAN THE COMPANY DOES NOT GUARANTEE THAT THE CREDITS WILL ACTUALLY PROVIDE THE TARGETED BENEFIT, RATHER, THE PARTICIPANT'S BENEFIT IS LIMITED TO THE AMOUNT ACCRUED IN HIS ACCOUNT THE PARTICIPANT'S ENTITLEMENT TO THE BENEFITS DEPENDS ON THE PARTICIPANT'S FUTURE PERFORMANCE OF SUBSTANTIAL SERVICES
	PART I, LINE 6	PHYSICIANS ARE COMMONLY COMPENSATED BY THE ORGANIZATION THROUGH AN AGREEMENT BASING THE BASE RATE ON A "TARGET COMPENSATION" AMOUNT THAT CONSIDERS THE MOST RECENT TWELVE MONTHS OF FINANCIAL DATA OF THE PHYSICIAN'S PRACTICE, WHICH IS A SUBSET OF THE ORGANIZATION AS A WHOLE, PROJECTED PATIENT VOLUMES AND COLLECTIONS DURING THE YEAR FROM THE SUBSET, AN ALLOCATION OF OVERHEAD COSTS FROM THE ORGANIZATION, EXPENSES OF THE PRACTICE, AND FULL-TIME EQUIVALENT STATUS OF THE PHYSICIAN THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 ARE ENGAGED IN SUCH AN AGREEMENT, AND THEIR COMPENSATION IS SET ANNUALLY ON THE PERFORMANCE FACTORS DISCUSSED HERE HENRY B HEARN MARK P LACY TIMOTHY L DUNIHO
SUPPLEMENTAL INFORMATION	PART III	COMPENSATION FROM AN UNRELATED ORGANIZATION DR MICHAEL KUNKEL WAS COMPENSATED THROUGH HIS PHYSICIAN PRACTICE FOR SERVICES RENDERED TO ANMED HEALTH ON OCTOBER 1, 2009, THE HOSPITAL SYSTEM ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL SYSTEM THE FOLLOWING OFFICERS AND KEY EMPLOYEES WERE COMPENSATED ACCORDING TO THIS AGREEMENT JOHN A MILLER JR - $ 770,933 TAXABLE, 122,718 DEFRD, 19,308 N/T WILLIAM T MANSON, III - 452,451 TAXABLE, 67,470 DEFRD, 23,773 N/T JERRY A PARRISH - 397,218 TAXABLE 58,447 DEFRD, 23,974 N/T DR MICHAEL L TILLIRSON - 364,124 TAXABLE, 49,445 DEFRD, 13,124 N/T GARRICK CHIDESTER - 283,586 TAXABLE, 44,672 DEFRD, 20,818 N/T THE ABOVE AMOUNTS ARE REPRESENTED IN THE TOTALS SHOWN IN PART II THE REMAINDER OF THE AMOUNTS SHOWN IN PART II WERE PAID DIRECTLY BY THE ORGANIZATION

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FBX9	04-02-2009	34,585,000	CURRENT REFUNDING		X		X		X
B	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ3	05-13-2009	109,368,483	CURR REFUND , CAPITAL ACQUIS		X		X		X
C	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ3	05-13-2009	75,605,000	CURRENT REFUNDING		X		X		X
D	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	59-0960018	83703FBX9	03-04-2010	43,752,346	CURRENT REFUNDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		2,753,602	540,000	12,727,560
2	Amount of bonds defeased				
3	Total proceeds of issue	34,585,000	109,370,101	75,605,005	43,752,508
4	Gross proceeds in reserve funds		1,186,329	113,338	3,454,662
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	398,936	1,255,460	653,394	351,656
8	Credit enhancement from proceeds	124,368	2,721,883	701,606	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		51,142,629		
11	Other spent proceeds	34,061,696	54,250,000	74,250,000	43,400,691
12	Other unspent proceeds				
13	Year of substantial completion	2007	2010	2010	1999

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X			X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X	X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, OTHER SPENT PROCEEDS		THE AMOUNTS PRESENTED ON LINE 11 AS OTHER SPENT PROCEEDS WERE USED TO CURRENTLY REFUND PRIOR BONDS ISSUED ON THE DATES AS FOLLOWS BOND (A) - 04/18/2007 BOND (B) - 07/02/2003 BOND (C) - 07/02/2003 BOND (D) - 07/28/1999

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR JAMES HERBERT	FAMILY RELATIONSHIP TO BOARD MEMBER ANN HERBERT	122,153	MEDICAL DOCTOR EMPLOYED BY THE HOSPITAL SYSTEM, COMPENSATION FOR MEDICAL SERVICES PERFORMED		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Identifier	Return Reference	Explanation
AUDIT OF FINANCIAL STATEMENTS	FORM 990, PART IV, LINE 12A AND 12B	THE ORGANIZATION RECEIVED SEPERATE AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE FIFTEEN MONTH PERIOD BEGINING OCTOBER 1, 2011 THROUGH DECEMBER 31, 2012 FOR THIS REASON THERE WERE NO AUDITED FINANCIAL STATEMENTS FOR THE 2011 TAX YEAR THIS FIFTEEN MONTH AUDIT PERIOD WAS THE RESULT OF THE ORGANIZATION MAKING A CHANGE IN ACCOUNTING PERIOD FROM A FISCAL YEAR ENDED SEPTEMBER 30TH, 2012 TO A CALENDAR YEAR ENDED DECEMBER 31, 2012
FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY	FORM 990, PART V, LINE 4A	THE ORGANIZATION WAS A 2 16% PARTNER IN PROFESSIONAL MONEY MANAGEMENT PARTNERSHIP WITH A HEDGE FUND BASED IN THE CAYMAN ISLANDS THE PARTNERSHIP IS HELD FOR INVESTMENT PURPOSES ONLY
	FORM 990, PART VI, SECTION A, LINE 3	ON OCTOBER 1, 2009, THE HOSPITAL SYSTEM ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL SYSTEM THE BOARD OF ANMED HEALTH CONTINUES TO OVERSEE THE OPERATIONS OF THE HEALTHCARE FACILITY AND RELATED EXEMPT ACTIVITIES AS PART OF THE AGREEMENT, ANMED HEALTH GRANTS CHS THE RESPONSIBILITY FOR MANAGEMENT OF THE HEALTH SYSTEM, SUBJECT TO THE GENERAL APPROVAL OF THE BOARD OF DIRECTORS OF ANMED HEALTH BOARD APPROVAL IS REQUIRED FOR LARGE CAPITAL EXPENDITURES, SALE OR DISPOSAL OF SYSTEM ASSETS, AND BORROWING IN EXCESS OF IMMATERIAL AMOUNTS CHS IS REQUIRED TO PROVIDE KEY MANAGEMENT PERSONNEL, HOWEVER, THE CURRENT CEO, CFO, AND A NUMBER OF KEY EMPLOYEES ARE PERSONS THAT WERE FORMERLY EMPLOYED DIRECTLY BY ANMED HEALTH, PRIOR TO THE EFFECTIVE DATE OF THE AGREEMENT
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS ANMED HEALTH SYSTEM, A SOUTH CAROLINA 501 (C)(3) ORGANIZATION
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF TRUSTEES OF ANMED HEALTH AS PROVIDED FOR IN ITS BYLAWS SHALL AUTOMATICALLY BECOME THE BOARD OF TRUSTEES OF THE ORGANIZATION UPON BEING ELECTED AS TRUSTEES OF ANMED HEALTH SYSTEM ACCORDINGLY, WHEN ANY BOARD MEMBER FOR ANY REASON CEASES BEING A BOARD MEMBER OF ANMEND HEALTH SYSTEM, HE OR SHE SHALL ALSO AUTOMATICALLY CEASE BEING A BOARD MEMBER OF THE ORGANIZATION
	FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION AND REVIEW BY MANAGEMENT, THE RETURN WAS PLACED ON A SECURE WEBSITE FOR BOARD MEMBERS TO REVIEW PRIOR TO THE JULY 2013 BOARD MEETING AT THE MEETING, BOARD MEMBERS HAD AN OPPORTUNITY TO DISCUSS THE RETURN AND ASK QUESTIONS OF THE CFO AND A REPRESENTATIVE OF THE ACCOUNTING FIRM
	FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF THE DISCLOSURE OF THE CONFLICT OF INTEREST POLICY, ALONG WITH AN EXPLANATION AND QUESTIONNIARE IS SENT TO ALL TRUSTEES, DIRECTORS, EXECUTIVE STAFF, MEDICAL STAFF WITH ADMINISTRATIVE RESPONSIBILITY, SELECTED OTHER EMPLOYEES, AND VOLUNTEERS ANNUALLY THE QUESTIONNAIRE MUST BE COMPLETED AND RETURNED TO THE CHAIR OF THE BOARD A REPORT IS SUBMITTED TO THE BOARD CONCERNING ANY POTENTIAL CONFLICTS THAT ARE DISCLOSED IN SITUATIONS WHERE A POTENTIAL CONFLICT IS FOUND, THE BOARD REVIEWS THE CIRCUMSTANCES BEFORE A VOTE OR DISCUSSION OF MATTERS INVOLVING INTERESTED PARTIES
	FORM 990, PART VI, SECTION B, LINE 15	PERIODIC COMPENSATION SURVEYS ARE PERFORMED BY INTEGRATED HEALTHCARE STRATEGIES, AN OUTSIDE CONSULTING SERVICE ANMED HEALTH TARGETS THE 65TH PERCENTILE OF THE GIVEN RANGE FOR ITS COMPENSATION PACKAGES THE COMPENSATION COMMITTEE OF THE BOARD APPROVES COMPENSATION FOR ALL OFFICERS, EXECUTIVES, AND DEPARTMENT DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES
	FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES COPIES OF THE FINANCIAL STATEMENTS ARE AVAILABLE ON A SECURE WEBSITE FOR BONDHOLDERS PLEASE CONTACT THE EXECUTIVE OFFICE FOR DETAILS
	FORM 990, PART VII, LINE 1, BOARD MEMBER COMPENSATION	DR STEPHEN HAND IS COMPENSATED BY THE ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO HIM ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES IN ADDITION TO HIS SERVICES TO THE BOARD, A PORTION OF DR MICHAEL KUNKEL'S COMPENSATION LISTED ON PART VII IS FOR MEDICAL SERVICES RENDERED TO THE ORGANIZATION
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 29,917,189 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT -1,126,615 TRANSFERS FROM AFFILIATE 3,500,000 TOTAL TO FORM 990, PART XI, LINE 5 32,290,574
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ANMED HEALTH SYSTEM 800 N FANT STREET ANDERSON, SC 29621 57-0817544	FUNDRAISING/SUPPORT	SC	501(C)(3)	LINE 7	N/A		No
(2) THE ANMED HEALTH FOUNDATION 800 N FANT STREET ANDERSON, SC 29621 38-3886017	FUNDRAISING/SUPPORT	SC	501(C)(3)	PENDING	ANMED HEALTH SYSTEM		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ANMED HEALTH ENTERPRISES INC 800 N FANT STREET ANDERSON, SC 29621 57-0815011	HOLDING CORPORATION	SC	N/A	C			
(2) ANMED HEALTH PLAN INC 800 N FANT STREET ANDERSON, SC 29621 57-0811053	MANAGEMENT SERVICES ORGANIZATION	SC	N/A	C			
(3) ANMED HEALTH SERVICES INC 800 N FANT STREET ANDERSON, SC 29621 57-0741536	HEALTHCARE	SC	N/A	C			
(4) ANDERSON AREA PHYSICIAN HOSPITAL ORGANIZATION INC(DISSOLVED 123111) 800 N FANT STREET ANDERSON, SC 29621 57-1042018	MEDICAL SERVICES	SC	ANMED HEALTH	C	2,582		83 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	Yes
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	Yes
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

ANMED HEALTH

Financial Statements

15-month Period Ended December 31, 2012
and
the Year Ended September 30, 2011

(with Independent Auditors'
Report thereon)

AnMed Health

Financial Statements

15-month Period Ended December 31, 2012
and
the Year Ended September 30, 2011

Contents

DIXON HUGHES GOODMAN LLP

Independent Auditors' Report

The Board of Trustees
AnMed Health
Anderson, South Carolina

Report on the Financial Statements
We have audited the accompanying balance sheets of AnMed Health as of December 31, 2012 and September 30, 2011, and the related statements of operations and changes in net assets, and cash flows for the 15-month period ended December 31, 2012 and the year ended September 30, 2011

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to AnMed Health's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AnMed Health's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of AnMed Health as of December 31, 2012 and September 30, 2011, and the related statements of operations and changes in net assets, and cash flows for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, in accordance with accounting principles generally accepted in the United States of America

Dixon Hughes Goodman LLP

April 11, 2013

AnMed Health

Balance Sheets

	December 31, 2012	September 30, 2011
Assets		
Current assets		
Cash and cash equivalents	$ **30,818,840**	$ 36,385,475
Patient accounts receivable, less allowance for uncollectible accounts of approximately $80,138,000 in 2012 and $68,909,000 in 2011	**54,857,939**	58,860,731
Other receivables, net	**6,690,750**	8,754,937
Inventories of drugs and supplies	**3,037,172**	3,030,889
Due from related entities	**1,490,110**	316,731
Prepaid expenses	**7,418,131**	7,060,230
Assets whose use is limited, required for current liabilities	**8,753,701**	7,224,907
Total current assets	**113,066,643**	121,633,900
Assets whose use is limited, excluding amounts required for current liabilities	**317,084,138**	224,984,031
Property, plant, and equipment, net	**254,872,748**	277,092,890
Bond issuance costs, net	**5,367,786**	5,889,664
Cash surrender value of life insurance	**6,922,410**	6,567,460
Other assets	**8,953,325**	9,458,121
Total assets	$ **706,267,050**	$ 645,626,066
Liabilities and net assets		
Current liabilities		
Accounts payable	$ **13,806,614**	$ 14,119,920
Accrued payroll and employee benefits	**25,022,212**	25,790,246
Accrued liabilities	**5,071,458**	3,552,286
Estimated third-party payor settlements	**6,149,610**	1,885,658
Due to related entities	**–**	65,349
Current installments of long-term debt	**5,250,000**	4,980,000
Total current liabilities	**55,299,894**	50,393,459
Interest rate swap instrument	**11,193,498**	10,764,470
Accrued pension cost	**66,358,214**	70,454,350
Long-term debt, excluding current installments	**247,434,800**	253,125,896
Total liabilities	**380,286,406**	384,738,175
Net assets		
Unrestricted	**323,479,649**	258,677,995
Temporarily restricted	**2,500,995**	2,209,896
Total net assets	325,980,644	260,887,891
Total liabilities and net assets	$ **706,267,050**	$ 645,626,066

The accompanying notes are an integral part of these financial statements

AnMed Health

Statements of Operations and Changes in Net Assets

	15-month period ended December 31, 2012	Year ended September 30, 2011
Unrestricted revenues and other support		
Net patient service revenue	**$ 653,730,138**	$ 472,512,437
Provision for uncollectible accounts	**(139,153,313)**	(96,623,806)
Net patient service revenue less provision for uncollectible accounts	**514,576,825**	375,888,631
Other operating revenue	**17,317,161**	8,287,796
Net assets released from restrictions used for operations	**688,099**	858,320
Total unrestricted revenues and other support	**532,582,085**	385,034,747
Operating expenses		
Salaries	**207,074,626**	154,376,026
Benefits	**56,795,652**	39,465,236
Professional fees	**32,470,657**	23,461,219
Supplies	**91,141,405**	71,360,229
Purchased services	**37,144,908**	27,828,960
Utilities	**8,464,302**	6,546,187
Travel	**1,287,793**	1,049,631
Marketing expense	**1,477,791**	823,038
Other expenses	**13,543,064**	13,028,557
Depreciation and amortization	**48,312,276**	38,075,474
Interest	**12,264,661**	10,342,555
Total operating expenses	**509,977,135**	386,357,112
Income (loss) from operations	**22,604,950**	(1,322,365)
Nonoperating gains (losses)		
Net change in unrealized gains (losses) on investments, trading securities	**30,694,962**	(13,862,214)
Change in fair value of interest swap instrument	**(429,028)**	(2,590,441)
Net investment income	**9,994,583**	10,264,924
Net other gains	**2,068,461**	607,541
Distribution to noncontrolling interest	**–**	(275,111)
Gain on noncontrolling interest in consolidated subsidiary	**–**	19,756
Total nonoperating gains (losses)	**42,328,978**	(5,835,545)
Excess (deficit) of revenues and gains over expenses and losses	**64,933,928**	(7,157,910)
Net assets released from restrictions used for purchase of property and equipment	**310,698**	23,685
Change in unfunded pension losses	**(3,942,972)**	(38,711,666)
Transfers from (to) related organizations	**3,500,000**	(20,608)
Increase (decrease) in unrestricted net assets	**$ 64,801,654**	$ (45,866,499)

Continued on next page

AnMed Health

Statements of Operations and Changes in Net Assets (continued)

	15-month period ended December 31, 2012	Year ended September 30, 2011
Temporarily restricted net assets		
Investment income, net	$ 115	$ 230
Contributions, net	783,967	399,824
Grant for medical education	505,814	668,731
Net assets released from restrictions used for operations	(688,099)	(858,320)
Net assets released from restrictions used for purchase of property and equipment	(310,698)	(23,685)
Increase in temporarily restricted net assets	291,099	186,780
Increase (decrease) in net assets	65,092,753	(45,679,719)
Net assets at beginning of year	260,887,891	306,567,610
Net assets at end of year	$ 325,980,644	$ 260,887,891

The accompanying notes are an integral part of these financial statements

AnMed Health

Statements of Cash Flows

	15-month period ended December 31, 2012	Year ended September 30, 2011
Operating activities		
Increase (decrease) in net assets	**$ 65,092,753**	$ (45,679,719)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation and amortization	**48,312,276**	38,075,474
Loss (gain) on disposal of property and equipment	**158,062**	(226,050)
Change in unfunded pension losses	**3,942,972**	38,711,666
Unrealized loss (gain) on joint ventures	**176,427**	(15,353)
Restricted contributions and investment income	**(784,082)**	(400,054)
Change in fair value of interest rate swap instrument	**429,028**	2,590,441
Grant for medical education	**(505,814)**	(668,731)
Provision for uncollectible accounts	**139,153,313**	96,623,806
(Increase) decrease in		
Patient accounts receivable, net	**(135,150,521)**	(85,657,144)
Other receivables, net	**2,064,187**	3,634,216
Inventories of drugs and supplies	**(6,283)**	(124,479)
Prepaid expenses and other assets	**(357,901)**	(789,112)
Assets whose use is limited classified as trading	**(93,628,901)**	3,676,492
Increase (decrease) in		
Accounts payable	**(313,306)**	2,242,232
Accrued payroll and employee benefits	**(768,034)**	729,982
Accrued liabilities	**1,463,393**	(650,771)
Estimated third-party payor settlements	**4,263,952**	758,866
Accrued pension cost	**(8,039,108)**	(11,216,935)
Net cash provided by operating activities	**25,502,413**	41,614,827
Investing activities		
Acquisitions of property, plant, and equipment	**(26,409,460)**	(26,795,356)
Investment in joint ventures	**(126,074)**	(117,349)
Proceeds from sale of equipment	**295,825**	546,009
Increase in cash surrender value of life insurance	**(354,950)**	(150,881)
Net cash used in investing activities	**$ (26,594,659)**	$ (26,517,577)

Continued on next page

AnMed Health

Statements of Cash Flows (continued)

	15-month period ended December 31, 2012	Year ended September 30, 2011
Financing activities		
Grant for medical education	**$ 505,814**	$ 668,731
Repayment of long-term debt	**(4,980,000)**	(4,660,000)
Change in due from related entities	**(1,173,379)**	247,740
Change in due to related entities	**(65,349)**	35,577
Receipt on debt service leveling agreement	**454,443**	436,712
Restricted contributions and investment income	**784,082**	400,054
Net cash used in financing activities	**(4,474,389)**	(2,871,186)
Net increase (decrease) in cash and cash equivalents	**(5,566,635)**	12,226,064
Cash and cash equivalents at beginning of year (period)	**36,385,475**	24,159,411
Cash and cash equivalents at end of year (period)	**$ 30,818,840**	$ 36,385,475
Noncash transactions		
Property and equipment acquired through accrued liabilities	**$ 55,779**	$ 574,508

The accompanying notes are an integral part of these financial statements

AnMed Health
Notes to Financial Statements
For the 15-month period ended December 31, 2012
and
the Year Ended September 31, 2011

1 **Description of Organization and Summary of Significant Accounting Policies**

Organization - AnMed Health (the "Hospital") is an acute care regional referral center located in Anderson, South Carolina The Hospital is operated by AnMed Health System, a nonstock, not-for-profit corporation that is its sole member with the authority to appoint the Hospital's Board of Trustees (the "Board")

During fiscal year 2012, the Hospital changed fiscal years ends from September 30 to December 31 Accordingly the 2012 fiscal year is presented as the 15-month period ending December 31, 2012

In 2011, the financial statements included the accounts of the Hospital and an affiliate, Anderson Area Physician Hospital Organization, Inc (the "PHO"), an 83%-owned South Carolina stock corporation PHO ended its operations in 2010 and distributed its net assets to its shareholders during the 2011 fiscal year During 2012, there was no activity and therefore the financial statements were not consolidated in 2012

Effective July 1, 2008, the Hospital entered into a ten-year Management Services Agreement (the "MSA") with the Charlotte-Mecklenburg Hospital Authority which does business as Carolinas HealthCare System ("CHS") to manage the Hospital on a day-to-day basis The terms of the MSA call for the Hospital to pay CHS an annual management fee In addition, CHS is required to furnish key personnel The Hospital will reimburse CHS the salary and benefits cost of these key personnel

On October 1, 2009, the Hospital entered into a management services agreement with Cannon Memorial Hospital The agreement appoints the Hospital as the manager of Cannon Memorial Hospital Under the management agreement, Cannon Memorial Hospital will pay the Hospital a base management services fee, plus salaries related to key executive positions, plus an incentive compensation award equal to 10% of Cannon Memorial Hospital's excess of revenues over expenses that exceed the target operating margin for each fiscal year The management agreement expires on September 30, 2019

On March 1, 2013, the Hospital entered into an affiliation and management services agreement with the Elberton-Elbert County Hospital Authority The agreement appoints the Hospital as the manager of Elbert Memorial Hospital Under the management agreement, Elberton Memorial Hospital will pay the Hospital a quarterly management fee, based on Elbert Memorial Hospital's excess of revenues over expenses The total financial commitment for the Hospital under these agreements is $2,650,000 The initial term of the agreement is five years with options to extend the agreement

Cash and Cash Equivalents - Cash and cash equivalents include overnight bank repurchase agreements For purposes of the statements of cash flows, the Hospital considers all highly liquid investments with original maturities of three months or less, exclusive of assets whose use is limited, to be cash equivalents

Inventories of Drugs and Supplies - Inventories of drugs and supplies are stated at the lower of cost or market Cost is determined using the first-in, first-out ("FIFO") method

Property, Plant, and Equipment - Property, plant, and equipment is recorded at cost or at fair value at the date of donation Depreciation on plant and equipment is computed over the estimated useful lives of the assets, which range from 3 to 25 years, using the straight-line method Routine maintenance, repairs, and replacements are charged to operating expenses Expenditures which materially increase values, change capacities, or extend useful lives are capitalized

The Hospital periodically assesses the realizability of its long-lived assets and evaluates such assets for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable For assets to be held, impairment is determined to exist if estimated future cash flows, undiscounted and without interest charges, are less than the carrying amount For assets to be disposed of, impairment is determined to exist if the estimated net realizable value is less than the carrying amount

Assets Whose Use Is Limited - Assets whose use is limited primarily include amounts designated by the Board of Trustees for capital improvements and operating contingencies over which the Board retains control and may at its discretion subsequently use for other purposes, and amounts held by Bond Trustees in accordance with the indenture agreements Amounts required to meet current liabilities of the Hospital have been reclassified on the balance sheets and are included in current assets

Investments - Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value on the balance sheets Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess (deficit) of revenues and gains over expenses and losses unless the income or loss is restricted by donor or law Unrealized gains and losses on investments are excluded from the excess (deficit) of revenues and gains over expenses and losses unless the investments are trading securities

Capitalization of Interest – Material interest costs incurred on borrowed funds during the period of construction of qualifying capital assets are capitalized as a component of the cost of acquiring these assets No interest was capitalized in the 15-month period ending December 31, 2012 or the year ended September 30, 2011

Bond Issuance Costs - Bond issuance costs are amortized using the effective interest rate method over the term of the related bonds Accumulated amortization of bond issuance costs at December 31, 2012 was approximately 1,506,000 and at September 30, 2011 was $984,000, respectively

Investments in Joint Ventures - The Hospital's investments in joint ventures are included in other assets Each of these investments is accounted for using the equity method

Upstate Linen Services, LLC is a limited liability company formed to offer a collaborative linen service Upstate Linen Services, LLC is owned 17% by the Hospital and 83% by other area hospitals

Clemson Health Center was formed to provide an urgent care/diagnostic center and a primary care center near Clemson, South Carolina Clemson Health Center is owned 50% by the Hospital and 50% by another area hospital

Bond Discounts and Premiums - Bond discounts and premiums, included in long-term debt, are amortized using the effective interest rate method over the life of the related series of bonds

Net Assets - Substantially all of the Hospital's net assets are classified as unrestricted for accounting and reporting purposes These resources of the Hospital have no external restrictions as to use or purpose These resources include amounts generated from operations, undesignated gifts, and investments in property, plant, and equipment

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose

HITECH Incentive Funding for Meaningful Use of Electronic Health Records ("EHR") – The American Recovery and Reinvestment Act of 2009 ("ARRA") established incentive payments under the Medicare and Medicaid programs for certain healthcare providers that use certified EHR technology The program is commonly referred to as the Health Information Technology for Economic and Clinical Health ("HITECH") Act To qualify for incentives under the HITECH Act, healthcare providers must meet designated EHR meaningful use criteria as defined by the Centers for Medicare & Medicaid Services ("CMS") Incentive payments are awarded to healthcare providers who have attested to CMS that applicable meaningful use criteria have been met Compliance with meaningful use criteria is subject to audit by the federal government or its designee and incentive payments are subject to adjustment in a future period

The Hospital recognizes revenue for EHR incentive payments in the period in which it has attested that it is in compliance with the applicable EHR meaningful use requirements Accordingly, the Hospital recognized other operating revenue of $4,813,000 from Medicare EHR meaningful use payments and $2,075,000 from Medicaid EHR meaningful use payments for the 15-month period ended December 31, 2012

Excess (Deficit) of Revenues and Gains Over Expenses and Losses - The statements of operations and changes in net assets include excess (deficit) of revenues and gains over expenses and losses Changes in unrestricted net assets which are excluded from excess (deficit) of revenues and gains over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, changes in the unfunded pension losses, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets)

Donor-Restricted Gifts - Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires (i e , when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported on the statements of operations and changes in net assets as net assets released from restrictions used for operations or used for purchase of property and equipment Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements

Statements of Operations and Changes in Net Assets - For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenues and expenses Peripheral or incidental transactions are reported as nonoperating gains and losses

Investment income, unrestricted gifts and bequests, and contributions to the community are recorded as nonoperating activities Gains or losses on disposals of property, plant, and equipment are recorded as operating activities

Pension Costs - The Hospital's funding policy is to contribute amounts sufficient to meet the minimum funding requirements as set forth in the Employee Retirement Income Security Act ("ERISA") of 1974, plus such additional amounts as the Hospital may determine to be appropriate

Functional Expenses - The Hospital does not present expense information by functional classification because its resources and activities are primarily related to providing health care services Further, since the Hospital receives substantially all of its resources from providing health care services in a manner similar to a business enterprise, other indicators contained in these financial statements are considered important in evaluating how well management has discharged its stewardship responsibilities

Derivative Instruments - The Hospital entered into a derivative instrument, exclusively an interest rate swap agreement, to manage interest rate exposures on floating rate Hospital Revenue Bonds An interest rate swap allows the Hospital to swap variable interest rates on a stated notional amount for fixed rates Under the swap agreement that expires in 2033, the Hospital pays interest at a fixed rate of 3 51% and receives interest at a variable rate equal to 65% of the monthly LIBOR plus 45 basis points The 65% LIBOR rate on each reset date determines the variable portion of the interest rate swap for the following month The fixed and variable rate payments are calculated on a notional amount equal to $55,600,000

The fair value of the interest rate swap instrument is presented on the balance sheets as follows

	Liability Derivative			
	December 31, 2012		September 30, 2011	
	Balance Sheet Location	Fair Value	Balance Sheet Location	Fair Value
Derivative not designated as hedging instrument				
Interest rate swap	Interest rate swap instrument	**$ 11,193,498**	Interest rate swap instrument	$ 10,764,470

The unrealized loss for the period associated with the fair market value of the agreement is included on the statements of operations and changes in net assets as follows

		Amount of unrealized loss recognized in income on derivative	
Derivative not designated as hedging instrument	**Location of unrealized loss recognized in income on the derivative**	**15-month ended December 31, 2012**	**Year ended September 30, 2011**
Interest rate swap	Change in fair value of interest rate swap instrument	**$ (429,028)**	$ (2,590,441)

The Hospital is exposed to credit loss in the event of nonperformance by the counterparty in relation to its interest rate swap agreement Management believes that the counterparty will be able to fully satisfy its obligations under the agreement Credit exposure exists in relation to all the Hospital's financial instruments, and is not unique to derivatives

Concentrations of Credit Risk - Financial instruments that potentially subject the Hospital to a concentration of credit risk consist principally of cash and cash equivalents, investments, and accounts receivable from patients and third-party payors The Hospital places its cash and cash equivalents and investments with high quality credit financial institutions Third-party payors are primarily Medicare and Medicaid, which provide reimbursement on patient accounts on a regular basis Managed care receivables are distributed among several primary payors The credit worthiness of all managed care payors is considered by the Hospital prior to entering into an agreement with the payor

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements The mix of receivables from patients and third-party payors was as follows at December 31, 2012 and September 30, 2011

	2012	**2011**
Medicare	**34%**	31%
Medicaid	**14**	12
Other third-party payors	**22**	22
Private pay	**30**	35
	100%	100%

Fair Value of Financial Instruments - The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments

- *Cash and cash equivalents* The carrying amounts reported in the balance sheets for cash and cash equivalents approximate their fair value
- *Assets whose use is limited* These assets consist primarily of cash, investments, and interest receivable As discussed in Note 1, the carrying values of investments at December 31, 2012 and September 30, 2011 are equal to estimated fair value based on quoted market prices or lower of cost or market as appropriate
- *Accounts payable and accrued expenses* The carrying amounts reported in the balance sheets for accounts payable and accrued expenses approximate their fair value
- *Estimated third-party payor settlements* The carrying amounts reported in the balance sheets for these settlements approximate their fair value
- *Bonds Payable* Fair values for the Series 2009 and Series 2010 Bonds are based on estimates using present value techniques These techniques involve uncertainties and are significantly affected by the assumptions used and the judgments made regarding risk characteristics of various financial instruments, discount rates, prepayments, and estimates of future cash flows, future expected loss experience, and other factors Changes in assumptions could significantly affect these estimates Derived fair value estimates cannot be substantiated by comparison of independent markets and, in many cases, may or may not be realized in an immediate sale of the instrument The fair value of the Series 2009 and Series 2010 Bonds, described in Note 4, is estimated to be $269,169,434 and $269,142,265 at December 31, 2012 and September 30, 2011

Income Taxes - The Hospital is exempt from income tax under Section 501(a) as an organization described in Section 501(c) (3) of the Internal Revenue Code, accordingly, the accompanying financial statements do not reflect a provision or liability for federal or State income taxes The Hospital has determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2012 Fiscal years ending on or after September 30, 2009 remain subject to examination by federal and state tax authorities

Reclassification - Certain amounts in the fiscal year 2011 financial statements have been reclassified to conform to the fiscal year 2012 presentation

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Hospital to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Subsequent Events - Subsequent events have been evaluated through April 11, 2013, which is the date the financial statements were available to be issued

Adoption of New Accounting Guidance - In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which requires healthcare entities to reclassify the provision for bad debts from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations and changes in net assets when the ultimate collection of the amounts billed or billable cannot be determined at the time patient services are rendered The Hospital implemented the guidance as of and for the 15-month period ended December 31, 2012 For all periods presented, the provision for bad debts has been reclassified from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations and changes in net assets The adoption of this standard had no net impact on the Hospital's financial position, results of operations, or cash flows

Additionally, the standard requires enhanced disclosure about the policies for recognizing revenue and assessing bad debts as well as both qualitative and quantitative information about significant changes in the allowance for doubtful accounts See Note 5 for further detail related to the Hospital's policies for recognizing patient service revenue and assessing bad debts

2 Assets Whose Use Is Limited

The composition of assets whose use is limited is set forth below as of December 31, 2012 and September 30, 2011

	2012	2011
By Board for capital improvements		
Cash and cash equivalents	**$ 7,800,588**	$ 5,249,709
Investments		
Fixed income	**68,634,028**	58,899,175
Traded certificates of deposit	**-**	1,695,504
Common stock	**90,866,220**	102,260,980
Mutual funds	**112,799,530**	27,141,992
Diversified investment fund	**16,499,975**	16,499,975
Accrued interest	**608,350**	654,638
	297,208,691	212,401,973
By Board for operating contingencies		
Cash and cash equivalents	**2,100,982**	38,059
Fixed income	**18,206,476**	14,749,607
Accrued interest	**98,715**	89,264
	20,406,173	14,876,930
By Trustee for former and current employees		
Cash and cash equivalents	**685**	-
Mutual funds	**274,206**	331,802
	274,891	331,802
By Trustee for bond repayment		
Cash and cash equivalents	**7,948,084**	4,598,233
Total assets whose use is limited	**325,837,839**	232,208,938
Less amounts required for current liabilities		
Current installments of bond principal	**5,250,000**	4,980,000
Deferred compensation payable	**274,891**	331,802
Retainage and construction payable	**55,779**	574,508
Accrued interest and other	**3,173,031**	1,338,597
	8,753,701	7,224,907
	$ 317,084,138	$ 224,984,031

Net investment income from assets whose use is limited, cash, and cash equivalents are comprised of the following for the 15-month period ended December 31, 2012 and year ended September 30, 2011

	2012	2011
Interest and dividend income	**$ 7,597,526**	$ 4,398,029
Net realized gains on sales of investments	**2,397,057**	5,866,895
Net investment income	**$ 9,994,583**	$ 10,264,924

3 Property, Plant and Equipment

Property, plant, and equipment consist of the following as of December 31, 2012 and September 30, 2011

	2012	2011
Land	**$ 20,865,303**	$ 19,180,557
Land improvements	**4,025,187**	3,909,252
Building and building service equipment	**370,796,615**	362,475,562
Major movable equipment	**300,354,763**	284,868,107
Construction in progress	**7,825,550**	12,536,899
	703,867,418	682,970,377
Less accumulated depreciation	**448,994,670**	405,877,487
	$ 254,872,748	$ 277,092,890

Depreciation expense for the 15-month period ending December 31, 2012 and for the year ended September 30, 2011 was approximately $48,231,000 and $38,046,000, respectively

4 Long-Term Debt

A summary of long-term debt follows as of December 31, 2012 and September 30, 2011

	2012	2011
Series 2009A		
Weekly interest rate securities, 3 17% assumed net interest, maturing in amounts escalating from $3,600,000 in February 2030 to $10,000,000 in February 2035	**$ 34,585,000**	$ 34,585,000
Series 2009B		
Serial bonds, 3 50% to 5 00% interest, maturing in amounts escalating from $290,000 in February 2013 to $4,355,000 in February 2022	**20,230,000**	20,410,000
Term bonds, 5 375% interest, maturing in 2029	**35,065,000**	35,065,000
Term bonds, 5 50% interest, maturing in 2038	**56,525,000**	56,525,000
	111,820,000	112,000,000
Less unamortized original issue discount	**2,141,924**	2,299,804
	109,678,076	109,700,196
Series 2009C		
Weekly interest rate securities, 3 51% assumed net interest, maturing in amounts escalating from $100,000 in February 2013 to $5,480,000 in February 2033	**56,550,000**	56,650,000
Series 2009D		
Weekly interest rate securities, 3 17% assumed net interest, maturing in amounts escalating from $70,000 in February 2013 to $15,850,000 in February 2039	**18,685,000**	18,755,000
Series 2010		
Serial bonds, 2 00% to 5 00% interest, maturing in amounts escalating from $4,790,000 in February 2013 to $5,935,000 in February 2018	**31,940,000**	36,570,000
Add unamortized original issue premium	**1,246,724**	1,845,700
	33,186,724	38,415,700
Total long-term debt	**252,684,800**	258,105,896
Less current installments	**5,250,000**	4,980,000
Long-term debt excluding current installments	**$ 247,434,800**	$ 253,125,896

The Trust agreement names a bank as Trustee to receive, transfer, and disburse all monies Under the terms of the Trust agreement, the Hospital is required to maintain certain deposits with the Trustee Such deposits are included with "Assets whose use is limited "

On April 20, 2009, the Hospital issued $34,585,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009A The Series 2009A Bonds are secured by a letter of credit totaling $34,982,965 The letter of credit has a term ending April 2, 2014 and may be renewed or an alternate letter of credit may be substituted The Series 2009A Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009A bonds have sinking fund requirements beginning in 2030 and ending in 2035 The proceeds of the Series 2009A were used to refund the $33,890,000 principal amount outstanding on the Series 2007 and for paying certain expenses incurred in connection with the issuance of the Bonds

On May 1, 2009, the Hospital issued $112,000,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009B The proceeds of the Series 2009B were used in the financing of renovations and improvements to the expansion of hospital facilities and improvements located at the Hospital's main hospital campus and related machinery and equipment, including, but not limited to, the upgrade of the campus electrical system, patient room renovations, cardiology, NICU, neurosciences, family practice center and operating room facilities expansion and renovation, the construction of parking facilities and a helipad, to refund $54,250,000 of the principal amount of the 2003B Series, and paying certain expenses incurred in connection with the issuance of the Bonds The 2009B Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009B bonds are secured by municipal bond insurance

On May 1, 2009, the Hospital issued $56,800,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009C The Series 2009C Bonds are secured by a letter of credit totaling $57,453,590 The letter of credit has a term ending May 13, 2014 and may be renewed or an alternate letter of credit may be substituted The Series 2009C Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009C bonds have sinking fund requirements that began in 2010 and end in 2033 The proceeds of the Series 2009C were used to refund the $55,850,000 principal amount outstanding on the Series 2003A and for paying certain expenses incurred in connection with the issuance of the Bonds

On May 1, 2009, AnMed Health issued $18,805,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009D The Series 2009D Bonds are secured by a letter of credit totaling $19,021,387 The letter of credit has a term ending May 13, 2014 and may be renewed or an alternate letter of credit may be substituted The Series 2009D Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009D bonds have sinking fund requirements that began in 2011 and end in 2039 The proceeds of the Series 2009D were used to refund a portion of the $73,500,000 principal amount on the Series 2003B and for paying certain expenses incurred in connection with the issuance of the Bonds

On March 1, 2010, the Hospital issued $41,080,000 of South Carolina Jobs-Economic Development Authority Hospital Revenue Bonds – Series 2010 The proceeds of the Series 2010 Bonds were used to refund the $60,600,000 original principal amount outstanding on the Hospital Revenue Bonds Series 1999 and paying certain expenses incurred in connection with the issuance of the Bonds The Series 2010 Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital

Trust agreements related to the 2009A, 2009B, 2009C, 2009D, and 2010 Bonds contain certain restrictive covenants, which among other matters, require the Hospital to maintain its rates, fees, and charges to the extent necessary in order to maintain certain liquidity and debt service coverage ratios, as defined

Interest paid in the 15-month period ended December 31, 2012 and year ended September 30, 2011 amounted to approximately $10,430,000 and $10,444,000, respectively

Future principal payments under the Hospital's long-term debt agreements for the years ending December 31 are

2013	$ 5,250,000
2014	5,620,000
2015	5,840,000
2016	6,175,000
2017	6,415,000
Thereafter	224,280,000
Total	253,580,000
Less bond discount	(2,141,924)
Add bond premium	1,246,724
	$ 252,684,800

5 Net Patient Service Revenue and Patient Accounts Receivable

Net patient service revenue and accounts receivable are recorded when patient services are performed and are estimated at net realizable amounts due from third-party payers and patients For amounts due from third-party payers, net patient service revenue and accounts receivables are recorded based on contractual or regulated discounted reimbursement rates for services rendered For amounts due from patients, net patient service revenue and accounts receivable are recorded based on current policy

The use of estimates in determining net patient service revenue for third-party payers is very common for health systems, since, with increasing frequency, even non-cost-based governmental programs have become subject to retrospective adjustments Often such adjustments are not known for a considerable period of time after the related services are rendered The lengthy period of time between rendering services and reaching final settlement, compounded further by the complexities and ambiguities of governmental reimbursement regulations, makes it difficult to estimate the net patient service revenue associated with these programs This situation has been compounded by the frequency of changes in federal program guidelines

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations Third-party contractual adjustments are recorded on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as cost report years are no longer subject to such audits, reviews, and investigations

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

Net patient service revenue decreased approximately $2,019,000 and $1,130,000 the 15-month period ended December 31, 2012 and the year ended September 30, 2011, respectively, due to changes in the allowances previously estimated that are no longer necessary as a result of final settlements, and years that are no longer subject to audits, reviews, and investigations

A summary of the payment arrangements with major third-party payors follows

- Medicare Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or visit These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Approximately 30% and 32% of the Hospital's net patient service revenue for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, respectively, was derived from Medicare The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through 2009

- Medicaid Inpatient reimbursement is based upon prospectively determined rates per discharge Outpatient services rendered to Medicaid program beneficiaries are reimbursed under various reimbursement methodologies The Hospital is reimbursed for outpatient services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary Approximately 14% and 10% of the Hospital's net patient service revenue for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, respectively, was derived from Medicaid The Hospital's Medicaid cost reports have been audited through 2010 Fiscal years 2005 through 2009 have been reopened for certain issues and are subject to audit regarding those issues

- Other The Hospital also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The bases for payments to the Hospital under these agreements include prospectively determined daily rates per discharge, discounts from established charges, and prospectively determined daily rates

For uninsured and underinsured patients that do not qualify for financial assistance (see Note 6 for further detail regarding the Hospital's financial assistance policies), the Hospital recognizes revenue on the basis of its standard rates, discounted according to policy, for services rendered Historical experience has shown a significant proportion of the Hospital's uninsured patients, in addition to a growing proportion of the Hospital's insured patients, will be unable or unwilling to pay for their responsible amounts for the services provided In order to estimate the net realizable value of the revenues and accounts receivables associated with third-party payers and uninsured patients, management regularly analyzes collection history Based on these historical collection analyses, the Hospital records a provision for bad debts and an allowance for uncollectible accounts for third-party and uninsured patient accounts receivable balances for which the patient is responsible

Patient accounts receivable is recorded net of allowances for uncollectible accounts of $80,138,000 and $68,909,000 at December 31, 2012 and September 30, 2011 respectively The increase was the result of a higher volume of uninsured patient revenues in the 15 month period ended December 31, 2012

Net patient service revenue, net of contractual adjustments and discounts, but before provision for bad debts, recognized in the 15-month period ended December 31, 2012 and the year ended September 30, 2011 is approximately

	Third-Party Payors	Self-Pay	Total All Payors
2012 Net patient service revenue	$563,579,000	$ 90,151,000	$ 653,730,000
2011 Net patient service revenue	$396,990,000	$ 75,522,000	$ 472,512,000

The Hospital receives payments for serving a disproportionately high volume of Medicaid patients The Hospital received approximately $25,018,000 and $16,667,000 of Medicaid disproportionate share program reimbursement for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, respectively These amounts have been included in net patient service revenue

6 Financial Assistance and Community Benefit

The Hospital, under its financial assistance policies, makes available care without charge or at discounted rates to uninsured patients, including any uninsured patient who experiences catastrophic related illness or injury Key elements used to determine eligibility for financial assistance include a patient's demonstrated inability to pay based on family size and household income relative to federal income poverty guidelines Patients potentially eligible for other governmental programs, such as Medicaid, must pursue those options before receiving financial assistance from the Hospital The Hospital's cost (estimated using applicable cost to charge ratio) of providing financial assistance to indigent patients was $19,741,000 and $16,950,000 for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, respectively

In addition to providing financial assistance to indigent patients and in furtherance of its mission, the Hospital provides a broad range of benefits and services, including education and research opportunities, to the community spanning the geographic region within which the Hospital operates These community benefits can be measured and categorized as follows

- Cost of care extended to uninsured and underinsured patients who do not qualify for financial assistance, estimated using applicable cost to charge ratios
- Unpaid cost of Medicare and Medicaid services – Represents the net unreimbursed cost, estimated using the applicable cost to charge ratios, of services provided to patients who qualify for federal and/or state government healthcare benefits
- Community benefit programs – Includes the unreimbursed cost of various medical education programs, and costs of various research programs, non-billed medical services, in-kind donations, and other services that meet a community need, but do not pay for themselves and would not be provided if based solely on financial considerations alone

The total estimated cost of financial assistance and the aforementioned programs and services that benefit the community is as follows for the 15-month period ended December 31, 2012 and the year ended September 30, 2011

	2012	2011
Cost of financial assistance to indigent patients	**$ 19,741,000**	$ 16,950,000
Cost of care extended to uninsured and underinsured patients who do not quality for financial assistance	**24,590,000**	17,995,000
Unpaid cost of Medicare and Medicaid services	**69,272,000**	49,588,000
Community benefit programs	**12,771,000**	11,049,000
	$126,374,000	$ 95,582,000

7 Pension Plan

The Hospital has a defined benefit, noncontributory pension plan (the "Plan") covering substantially all of its employees hired prior to January 1, 2007 Effective December 31, 2009, the Hospital froze its defined benefit plan and started a 3% safe harbor contribution on its defined contribution plan Under this defined contribution plan, the Hospital contributed approximately $4,300,000 and $4,100,000, for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, respectively No further benefits will accrue to the employees after December 31, 2009 The Plan continues to operate for those employees who are already enrolled The Plan benefits are based on years of service and the employees' compensation during the last five years of covered employment Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future

The following table presents a reconciliation of the beginning and ending balances of the Plan's projected benefit obligation, the fair value of the plan assets, and the funded status of the Plan for the 15-month period ended December 31, 2012 and the year ended September 30, 2011

	2012	2011
Change in benefit obligation		
Projected benefit obligation at beginning of year	**$ 188,116,787**	$ 158,117,047
Interest cost	**10,449,658**	8,175,755
Actuarial loss	**18,837,641**	30,693,470
Benefits paid	**(13,914,124)**	(8,869,485)
Projected benefit obligation at end of year	**$ 203,489,962**	$ 188,116,787
Change in plan assets		
Fair value of plan assets at beginning of year	**$ 117,662,437**	$ 115,157,428
Actual return on plan assets	**21,383,435**	374,494
Employer contributions	**12,000,000**	11,000,000
Benefits paid	**(13,914,124)**	(8,869,485)
Fair value of plan assets at end of year	**$ 137,131,748**	$ 117,662,437
Net amount recognized (as noncurrent liabilities)		
Funded status of the plan	**$ (66,358,214)**	$ (70,454,350)

Expected employer contributions for the year ending December 31, 2013 are approximately $8,000,000

The actuarial assumptions used to determine benefit obligations for the Plan as of the 15-month period ended December 31, 2012 and the year ended September 30, 2011, were as follows

	2012	2011
Discount rate	**3.75%**	4 50%

The actuarial assumptions used to determine net periodic benefit cost for the Plan for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, were as follows

	2012	2011
Weighted average discount rate	**4.50%**	5 25%
Expected long-term rate of return on assets	**7.50%**	7 50%

Net periodic benefit cost for the 15-month period ended December 31, 2012 and the year ended September 30, 2011, includes the following components

	2012	2011
Interest cost on projected benefit obligation	**$ 10,449,658**	$ 8,175,755
Expected return on plan assets	**(13,559,181)**	(10,400,698)
Recognized net actuarial loss	**7,070,415**	2,008,008
Net periodic pension cost	**$ 3,960,892**	$ (216,935)

Amounts recognized as changes in unrestricted net assets (not yet reflected in net periodic pension cost) for the 15-month period ended December 31, 2012 and the year ended September 30, 2011

	2012	2011
Net actuarial loss	**$(102,313,469)**	$ (98,370,497)

The net actuarial loss included in unrestricted net assets and expected to be recognized in net periodic benefit cost during the fiscal year ending December 31, 2013 is $8,166,898

The Plan's target asset allocation and the Plan's asset allocations at the measurement dates as of December 31, 2012 and September 30, 2011, as a percentage of plan assets by asset category are as follows

Asset Category	Target Allocation	Percentage of Plan Assets as of Dec. 31, 2012	Sept. 30, 2011
Money market funds	-%	**1%**	5%
Fixed income securities	35	**-**	38
Equity	55	**90**	47
Alternative investments	10	**9**	10
Total	100%	**100%**	100%

For Plan assets carried at fair value, the following tables provide fair value information as of December 31, 2012 and September 30, 2011

		Fair value measurements at December 31, 2012 using		
	Fair value at December 31, 2012	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 1,322,150	$ 1,322,150	$ -	$ -
International mutual funds	91,584,431	91,584,431	-	-
Equities				
Large cap	14,510,813	14,510,813	-	-
Mid cap	8,488,920	8,488,920	-	-
Small cap	6,931,401	6,931,401	-	-
International	1,322,723	1,322,723	-	-
Total assets	$ 124,160,438	$ 124,160,438	$ -	$ -

Plan assets described above, are held at fair value and included in the table above except for a diversified investment fund totaling $12,935,347 which is held at the lower of cost or market Also not included in the table above is accrued interest of $35,963

		Fair value measurements at September 30, 2011 using		
	Fair value at September 30, 2011	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 5,376,227	$ 5,376,227	$ -	$ -
Fixed income				
U S treasury bonds	3,820,029	3,820,029	-	-
U S governmental agencies	19,551,128	19,551,128	-	-
Municipal bonds	1,601,686	1,601,686	-	-
Corporate bonds	19,697,392	19,697,392	-	-
International mutual funds	15,071,299	15,071,299	-	-
Equities				
Large cap	25,910,236	25,910,236	-	-
Mid cap	7,566,517	7,566,517	-	-
Small cap	4,118,283	4,118,283	-	-
International	2,434,167	2,434,167	-	-
Total assets	$ 105,146,964	$ 105,146,964	$ -	$ -

Plan assets described above, are held at fair value and included in the table above except for a diversified investment fund totaling $12,233,874 which is held at the lower of cost or market Also not included in the table above is accrued interest of $281,599

Investment Policy and Strategy

The investment policy, as established by the Pension Committee, is to provide for growth of capital with a moderate level of volatility by investing in a balanced portfolio The expected long-term equity allocation target is 55% equity The actual asset allocation of the overall plan assets, as well as the performance of the individual managers, is reviewed by the Pension Committee and its independent investment consultant on a quarterly basis

The Plan's long-term rate of return assumption of 7 5% is based on expectations regarding each asset category and average long-term rate of returns for a portfolio allocated across these categories

No Plan assets are expected to be returned to the Hospital in the next 12 months

Estimated Future Benefit Payments

The following benefit payments reflecting future services are expected to be paid as follows

2013	$ 7,342,000
2014	8,141,000
2015	8,829,000
2016	9,176,000
2017	9,675,000
2018 – 2022	53,074,000
	$ 96,237,000

8 Commitments and Contingencies

Insurance Programs

The Hospital is self-insured for employee health care An estimate for health claims incurred but unpaid at year-end is recorded in accrued payroll and employee benefits on the balance sheets and totaled approximately $4,957,000 and $3,400,000 at December 31, 2012 and September 30, 2011, respectively

The Hospital participates in a multiprovider captive for professional and general liability insurance coverage on a claims made basis Liabilities are joint and several among participating providers The Hospital's premiums are accrued based on the experience to date of the participating health care providers The Hospital is insured (claims made policy) for general and professional liability claims with limits of coverage of $4,000,000 in the general annual aggregate and $300,000 per person The Hospital is insured (claims made policy) for common umbrella claims with limits of coverage of $20,000,000 for any one claim and $30,000,000 in the annual aggregate

Malpractice claims have been asserted against the Hospital and other members of the multiprovider captive by various claimants, and additional claims could be asserted for incidents occurring through December 31, 2012 At December 31, 2012, management is aware of no incidents that might lead to significant claims that are not adequately covered by insurance or that would have a material adverse effect on the financial position of the Hospital Accordingly, no provision has been made in the accompanying financial statements for any such claims

Industry Regulation
The health care industry is subject to numerous laws and regulations of federal, state and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, and government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulation by health care providers Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services billed

Litigation
The Hospital is involved in litigation arising in the normal course of business After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position or results of operations

Other
In a prior year, the Hospital made a commitment to provide a guarantee of up to $8,000,000 of bond indebtedness for the YMCA of Anderson County At December 31, 2012, $5,420,000 of the bonds were issued and outstanding

On August 20, 2010, the Hospital made a commitment to provide a guarantee of up to 17% of the Equipment Lease of Upstate Linen At September 30, 2012, the total amount of the lease outstanding was approximately $1,035,000

9 Related-Party Transactions

The Hospital's receivables from related entities of approximately $1,490,000 at December 31, 2012 and $317,000 at September 30, 2011, respectively, are noninterest-bearing and are expected to be repaid within one year and therefore have been classified as current

The Hospital's payables to related entities of approximately $- at December 31, 2012 and $65,000 at September 30, 2011, respectively, are expected to be repaid within one year and therefore have been classified as current

10 Fair Value Disclosures

The Fair Value Measurement standard defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements The provision does not require any new fair value measurements, but clarifies and standardizes some divergent practices that have emerged since prior guidance was issued The provision creates a three-level hierarchy under which individual fair value estimates are to be ranked based on the relative reliability of the inputs used in the valuation

The provision defines fair value as the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date When determining the fair value measurements for assets and liabilities, the Hospital considers the principal or most advantageous market in which those assets or liabilities are sold and considers assumptions that market participants would use when pricing those assets or liabilities Fair values determined using level 1 inputs rely on active and observable markets to price identical assets or liabilities In situations where identical assets and liabilities are not traded in active markets, fair values may be determined based on level 2 inputs, which exist when observable data exists for similar assets and liabilities Fair values for assets and liabilities that are not actively traded in observable markets are based on level 3 inputs, which are considered to be unobservable

Among the Hospital's assets and liabilities, investment trading securities and an interest rate swap instrument were reported at their fair values on a recurring basis

For assets and liabilities carried at fair value, the following tables provide fair value information as of December 31, 2012 and September 30, 2011

		Fair value measurements at December 31, 2012 using		
	Fair value at September 30, 2012	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 3,022,331	$ 3,022,331	$ -	$ -
Fixed income				
U S treasury bonds	23,874,348	23,874,348		
U S governmental agencies	13,483,535	13,483,535	-	-
Municipal bonds	2,281,898	2,281,898	-	-
Corporate bonds	47,200,723	47,200,723	-	-
Mutual funds				
International Equities	113,073,736	113,073,736	-	-
Equities				
Large cap	50,907,595	50,907,595	-	-
Mid cap	20,594,561	20,594,561	-	-
Small cap	15,249,254	15,249,254	-	-
International	4,114,810	4,114,810	-	-
Total assets	$ 293,802,791	$ 293,802,791	$ -	$ -
Liabilities measured at fair value				
Interest rate swap instrument	$ 11,193,498	$ -	$ 11,193,498	$ -

Assets, whose use is limited, described in Note 2, are held at fair value and included in the table above except a diversified investment fund totaling $16,499,975 which is held at the lower of cost or market, cash and cash equivalents totaling $14,828,008, and accrued interest of $707,065

		Fair value measurements at September 30, 2011 using		
	Fair value at September 30, 2011	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 5,205,923	$ 5,205,923	$ -	$ -
Traded certificates of deposit	1,695,504	1,695,504	-	-
Fixed income				
U S treasury bonds	19,113,216	19,113,216	-	-
U S governmental agencies	12,607,451	12,607,451	-	-
Municipal bonds	2,207,909	2,207,909	-	-
Corporate bonds	39,720,208	39,720,208	-	-
Mutual funds				
International equities	27,201,308	27,201,308	-	-
U S equities	272,486	272,486	-	-
Equities				
Large cap	72,527,622	72,527,622	-	-
Mid cap	15,379,333	15,379,333	-	-
Small cap	7,830,409	7,830,409	-	-
International	6,523,618	6,523,618	-	-
Total assets	$ 210,284,987	$ 210,284,987	$ -	$ -
Liabilities measured at fair value				
Interest rate swap instrument	$ 10,764,470	$ -	$ 10,764,470	$ -

Assets whose use is limited, described in Note 2, are held at fair value and included in the table above except a diversified investment fund totaling $16,499,975 which is held at the lower of cost or market, cash and cash equivalents totaling $4,680,078, and accrued interest of $743,898

Prices for government securities, corporate bonds, common stock, and mutual funds are readily available in the active markets in which those securities are traded, and the resulting fair values are shown in the 'Level 1 input' column

Under the terms of the existing interest rate swap instrument, the Hospital pays a fixed payment to the counterparty in exchange for receipt of a variable payment that is determined based on the 1-month LIBOR rate The fair value of the interest rate swap instrument is therefore based on projected LIBOR rates for the duration of the hedge values that, while observable in the market, are subject to adjustment due to pricing considerations for the specific instrument and the resulting fair value is shown in the 'Level 2 input' column